## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/540383

| CLAINIS AS FILED - PART I                                                             |                                                |                                 |                                                                          |                           |            |                                 |         | SMALL ENTITY        |                        | OTHER THAN |                     |                        |
|---------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------|--------------------------------------------------------------------------|---------------------------|------------|---------------------------------|---------|---------------------|------------------------|------------|---------------------|------------------------|
|                                                                                       |                                                | ,<br>                           | (Column                                                                  | 1)                        | (0         | Column 2)                       |         | TYPE                |                        | OR         | SMALL E             | NTITY                  |
| U.S. NATIONAL STAGE FEES                                                              |                                                |                                 |                                                                          |                           |            |                                 |         | RATE                | FEE                    |            | RATE                | FEE                    |
| BASIC FEE                                                                             |                                                |                                 | SMALL ENT. = \$ 150.                                                     |                           | LARG       | E ENT. = \$.300                 | ,       | BASIC FEE           |                        | OR         | BASIC#EE            | 300                    |
| ĐΆ                                                                                    | MINATION FE                                    | E                               | Satisfies PCT Arti<br>(4) = \$50/                                        | 100                       |            | er cituations =<br>100 / \$ 200 | 1 1     | 設別権的                | •                      |            | WARLEB              | 200                    |
| SEARCH FEE                                                                            |                                                |                                 | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                           |            | er situations =<br>250 / \$ 500 |         | SEARCH FEE          |                        | ٠          | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                                              |                                                |                                 | minu                                                                     | minus 100 =               |            | / 50 = -,                       |         | X\$ 125 =           |                        |            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                |                                 | minus 20 = .                                                             |                           | ٠.         |                                 |         | X\$25=              |                        | OR         | X \$ 50 =           |                        |
| INIDE                                                                                 | PENDENT CL                                     | AIMS                            | \ mir                                                                    |                           | 1.         |                                 | X\$900= | ,                   | OR                     | X \$ 200 = |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                |                                 |                                                                          |                           |            |                                 |         | + \$ 180 =          |                        | OR         | +\$ 360 =           | /                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |                                                |                                 |                                                                          |                           |            |                                 |         | TOTAL               |                        | OR         | TOTAL               | 400                    |
| •                                                                                     |                                                | OLAURO 40                       | AMELINER                                                                 | 045-                      |            | •                               |         | . •                 |                        |            |                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                          |                                                |                                 |                                                                          |                           |            |                                 |         | SMALL E             | NTITY                  | OR         | OTHER<br>SMALL E    |                        |
| AMENDMENT A                                                                           |                                                | CLAIMS                          |                                                                          | HIGHE                     | ST         | <u> </u>                        | 1       | · · · · · ·         | ADDI-                  |            |                     | ADDI-                  |
|                                                                                       | , .                                            | REMAINING<br>AFTER<br>AMENDMENT |                                                                          | NUMB<br>PREVIOU<br>PAID F | USLY       | PRESENT<br>EXTRA                |         | RATE                | TIONAL<br>FEE          |            | RATE                | TIONAL<br>FEE          |
|                                                                                       | Total                                          | · 10                            | Minus                                                                    | · 2                       | 0          | <b>"</b> •                      |         | X \$ 25 =           |                        | OR         | X \$ 50 =           | \                      |
|                                                                                       | independent                                    | • /                             | Minus                                                                    | ··· 3                     |            | ·                               |         | X \$ 100 =          | •                      | OR.        | X \$ 200 =          |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                                                                          |                           |            |                                 |         | + \$ 180 =          |                        | OR         | + \$ 360 =          |                        |
|                                                                                       | ,                                              | ,                               |                                                                          |                           |            |                                 |         | TOTAL ADDIT.        |                        | OR         | TOTAL ADDIT.        | . \                    |
| $\overline{\mathbf{v}}$                                                               |                                                |                                 |                                                                          |                           |            |                                 |         |                     |                        |            |                     |                        |
| <u> </u>                                                                              |                                                | (Column 1)                      | <del></del>                                                              | (Colum                    |            | (Column 3)                      | 1       | •                   |                        | ·          |                     |                        |
| ктв                                                                                   |                                                | REMAINING<br>AFTER<br>AMENDMENT |                                                                          | NUMB<br>PREVIOU<br>PAID F | ER<br>UŞLY | PRESENT<br>EXTRA                |         | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                             | Total                                          | *                               | Minus                                                                    | **                        |            | <b>=</b>                        |         | X \$ 25 =           | •                      | OR:        | X \$ 50 =           |                        |
|                                                                                       | Independent                                    | •                               | Minus                                                                    | ***                       | :          | =                               |         | X \$ 100 =          |                        | OR         | X \$ 200 =          |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                                                                          |                           |            |                                 |         | + \$ 180 =          |                        | OR         | + \$ 360 =          |                        |
|                                                                                       |                                                |                                 |                                                                          |                           |            |                                 | •       | TOTAL ADDIT.<br>FEE | ٠                      | OR         | TOTAL ADDIT.<br>FEE |                        |
|                                                                                       |                                                |                                 |                                                                          |                           |            |                                 | •       | , ee 1              |                        |            |                     |                        |
| ľ                                                                                     |                                                | • •                             |                                                                          |                           |            | ٠                               | •       |                     |                        |            |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                |                                 |                                                                          |                           |            |                                 |         |                     |                        |            |                     | ٠.                     |
|                                                                                       |                                                |                                 | id For in This SP/<br>id For in This SP/                                 |                           |            |                                 |         |                     |                        |            |                     | •                      |
|                                                                                       | The "Highest Nu                                | mber Previously Pak             | d For" (Total or Inde                                                    | pendent) is               | the high   | nest number found               | d in th | e appropriate box   | in column 1.           |            |                     |                        |
| •                                                                                     |                                                |                                 |                                                                          |                           |            |                                 |         |                     |                        |            | _                   |                        |

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